RCE ✓
6715/60188
JFWIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Fumitake Yodo
Serial No.: 09/600,509
Filed : July 17, 2000
For : TERMINAL DEVICE, ACCOUNT SYSTEM AND DATA
PROCESSING METHOD
Group A.U.: 3627
Examiner : Andrew J. Fischer

I hereby certify that this paper is being deposited
this date with the U.S. Postal Service in first class
mail addressed to: Commissioner for Patents, P.O. Box
1450 Alexandria, VA 22313-1450

Jay H. Maioli
Reg. No. 27,213

Date
August 13, 2004

August 13, 2004
1185 Avenue of the Americas
New York, NY 10036
(212) 278-0400

REQUEST FOR CONTINUED EXAMINATION (RCE)

This is a Request for Continued Examination (RCE) under 37
C.F.R. ' 1. 114 of the above-identified application.

1. Submission required under 37 C.F.R. ' 1. 114

 X Consider the Amendment (s) / Response under
37 C.F.R. 1. 116 previously mailed on
July 23, 2004.

 Enclosed is an Amendment / Response.

2. Fees

 X A check in the amount of \$ 770.00 is enclosed
to cover the RCE fee required under 37 C.F.R.
' 1. 117 (e).

The Director is hereby authorized to charge any fees which
may be required, or credit any overpayment to Account No.
03-3125.

Respectfully submitted,

COOPER & DUNHAM LLP

Jay H. Maioli
Jay H. Maioli
Reg. No. 27, 213



6715/60188

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Fumitake YODO
Serial No.: 09/600,509
Filed: July 17, 2000
For: TERMINAL DEVICE, ACCOUNTING SYSTEM AND DATA
PROCESSING METHOD
Group A.U.: 2167
Date: August 13, 2004

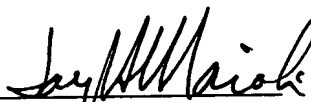
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Request for Continued Examination in the above-identified application.

- ☐ No fee is required.
- ☐ The fee has been calculated as shown below.
- ☐ Total claims in excess of ___ previously paid for, at \$18 (\$9)
- ☐ Independent claims in excess of ___ previously paid for, at \$84 (\$42)
- ☒ Additional Fee for this Amendment
- ☐ This Response is being filed within the ___ first month, ___ second month, ___ third month, ___ fourth month, ___ fifth month following the expiration of the term originally set therefor. Applicants Petition for an extension, and the fee of ___ \$110 (\$55), ___ \$410 (\$205), ___ \$930 (\$465), ___ \$1,450 (\$725), ___ \$1,970 (\$985) is due and paid herewith.
- ☒ The fee of \$ 770.00 set by 37 C.F.R. § 1.17(e) for the RCE is due and paid herewith.
- ☒ A check in the amount of \$ 770.00 is attached.
- ☒ Please charge any additional fees or credit any overpayment to Deposit Account No. 03-3125.

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